

## **RECREATION FINANCIAL AID REQUEST**

**Date:** \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Program Name: \_\_\_\_\_

Program Fee: \_\_\_\_\_

How much are you able to contribute toward the tuition? \_\_\_\_\_

Will you need a payment plan to meet your portion (if any) of the tuition? \_\_\_\_\_

If so, amount you can afford \$ \_\_\_\_\_ weekly \_\_\_\_\_ month

Annual Income: \_\_\_\_\_

Parent/Guardian/Participant: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Family Members - name(s) and ages: \_\_\_\_\_

Sources of Income (check all that apply):

Employment \_\_\_\_\_

Dep't Trans. Assoc. \_\_\_\_\_

Child Support \_\_\_\_\_

Unemployment \_\_\_\_\_

Veteran's (local) \_\_\_\_\_

SS \_\_\_\_\_

Worker's Compensation \_\_\_\_\_

Veteran's (federal) \_\_\_\_\_

SSI \_\_\_\_\_

General Relief \_\_\_\_\_

Rental \_\_\_\_\_

SSDI \_\_\_\_\_

Other \_\_\_\_\_

Assistance Received (check all that apply):

School Lunch \_\_\_\_\_

Subsidized Housing (please check) \_\_\_\_\_

WIC \_\_\_\_\_

Community Table/Pantry \_\_\_\_\_

Section 8 \_\_\_\_\_

Fuel \_\_\_\_\_

Food Stamps \_\_\_\_\_

Section 202 \_\_\_\_\_

Rental 707 \_\_\_\_\_

Other \_\_\_\_\_

Reason for requesting financial assistance: \_\_\_\_\_

Are there any physical, behavioral, social or emotional concerns? If yes, please explain: \_\_\_\_\_

Will you need a payment plan to meet your portion of the tuition? \_\_\_\_\_

If so, amount you can afford \$ \_\_\_\_\_ weekly \_\_\_\_\_ month

Submission of registration form and any tuition payment does not guarantee financial assistance. If assistance is not granted and I/my child does not participate in the program, any tuition payments will be refunded in full by the Recreation Department.

By signing below, I agree to these conditions and authorize Bedford Recreation to make inquiries and verify the information.

\_\_\_\_\_  
Participant/Parent/Guardian Signature

\_\_\_\_\_  
Date